

Senate Study Bill 3007

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON VEENSTRA)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to provisions of an accident or health policy
2 regarding equal compensation of certain providers of
3 equivalent services and accessibility to certain providers.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
5 TLSB 5932XC 80
6 pf/sh/8

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1 1 Section 1. Section 509.3, Code 2003, is amended by adding
1 2 the following new subsections:
1 3 NEW SUBSECTION. 8. a. A provision that any services
1 4 provided by a participating health care provider licensed
1 5 pursuant to chapter 149, 151, or 154, which services are
1 6 provided within the scope of practice of the health care
1 7 provider as that scope of practice is defined pursuant to
1 8 chapter 149, 151, or 154, shall be compensated at the same
1 9 level as equivalent services provided by a participating
1 10 provider licensed in the practice of medicine and surgery
1 11 pursuant to chapter 148 or 150A.
1 12 b. Services shall be deemed equivalent if the services are
1 13 described using the same current procedural terminology codes
1 14 as published by the American medical association, or any
1 15 successor coding system.
1 16 c. For the purposes of the current procedural terminology
1 17 code, or any successor code, which is restricted to use only
1 18 by specific health care providers with the exception of
1 19 providers licensed under chapter 148 or 150A, the same level
1 20 of compensation means the compensation level that has the same
1 21 ratio to the then-current payment levels in the federal
1 22 Medicare resource-based relative value system for those
1 23 restrictive codes as the compensation level for evaluation and
1 24 management services codes, any equivalent code utilized
1 25 under the Medicare resource-based relative value system, or
1 26 any successor coding system has to the current payment levels
1 27 in the federal Medicare resource-based relative value system
1 28 for evaluation and management services codes.
1 29 d. This subsection shall not be interpreted to prohibit a
1 30 policy from reimbursing health care providers licensed
1 31 pursuant to chapter 149, 151, or 154, using a flat fee per
1 32 visit or per case if the fee bears a reasonable relationship
1 33 to the number and types of services provided and if the per
1 34 visit or per case fees are determined in a manner that is
1 35 consistent with the compensation parameters established in
2 1 paragraph "c".
2 2 NEW SUBSECTION. 9. A provision that if the policy accepts
2 3 a person engaged in the practice of medicine or surgery
2 4 licensed under chapter 148 or 150A as a participating provider
2 5 to provide covered services, the person issuing the policy
2 6 shall accept as a participating provider any health care
2 7 provider licensed pursuant to chapter 149, 151, or 154 who
2 8 agrees to comply with the terms, conditions, reimbursement
2 9 rates, and standards of quality of the health benefit plan.
2 10 NEW SUBSECTION. 10. A provision that a covered person
2 11 shall have direct access to any participating provider
2 12 licensed pursuant to section 149, 151, or 154, selected by the
2 13 covered person, without prior referral.
2 14 NEW SUBSECTION. 11. A provision that the person issuing
2 15 the policy shall ensure an adequate number of participating
2 16 providers to provide reasonable accessibility, timeliness of
2 17 care, convenience, and continuity of care to the covered
2 18 person.
2 19 Sec. 2. Section 509.3, unnumbered paragraph 2, Code 2003,
2 20 is amended to read as follows:
2 21 In addition to the provisions required in subsections 1

2 22 through 7 11, the commissioner shall require provisions
2 23 through the adoption of rules implementing the federal Health
2 24 Insurance Portability and Accountability Act, Pub. L. No. 104=
2 25 191.

2 26 EXPLANATION

2 27 This bill provides that a policy of group accident or
2 28 health insurance or a combination of these that covers such
2 29 services is to include a provision that if the services are
2 30 provided by a health care provider licensed to be engaged in
2 31 the practice of podiatry, chiropractic, or optometry, and the
2 32 services provided are within the scope of practice of the
2 33 health care provider, the services are to be compensated at
2 34 the same level as equivalent services provided by a provider
2 35 licensed to practice medicine and surgery or osteopathic
3 1 medicine and surgery. The bill provides for deeming of
3 2 services as equivalent based on codes published by the
3 3 American medical association, and for determination of the
3 4 same level of compensation based on the federal Medicare
3 5 resource-based relative value system or an equivalent
3 6 successor coding system. The bill does not prohibit the use
3 7 of a flat fee reimbursement system if the compensation is
3 8 consistent with the compensation parameters established in the
3 9 bill.

3 10 The bill also provides that if a policy accepts a
3 11 participating provider licensed under Code chapter 148 or
3 12 150A, the person issuing the policy is to also accept any
3 13 health care provider licensed to be engaged in the practice of
3 14 podiatry, chiropractic, or optometry who agrees to comply with
3 15 the terms of the health benefit plan.

3 16 Under the bill, a covered person is to have direct access
3 17 to a participating provider licensed to be engaged in the
3 18 practice of podiatry, chiropractic, or optometry rather than
3 19 being subject to prior referral. Additionally, the person
3 20 issuing the policy is to ensure adequate accessibility to
3 21 participating providers.

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